The Relationship Between Bullying Victimisation, Internalising Problems and Depression in Australian Children Ages 16 to 17

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In Australia and internationally, mental disorders among children and adolescents are a major public health concern (Blomqvist et al, 2019; Liu, 2011). Epidemiological research in the field of adolescent mental health, reports an increasing trend in mental health symptoms, especially regarding an increase in internalising behaviours and depressive symptoms (Ringdal, 2021). The concept of 'internalising behaviours' is an inward-oriented behaviour which reflects a child's negative psychological state and can lead to a range of depressive and anxiety disorders (Liu, 2011). In 4- to 17-year-old Australian children, the 12-month prevalence of mental health disorders was 13.9%, with boys reporting being more commonly affected than girls (Bayer et al., 2018). Research suggests that an increase of depressive symptoms and internalised behaviours are regularly associated with stressful life occurrences (Shapero et al.,2014). One of the most common sources of stress in children's lives is bullying victimisation, which is often experienced during the adolescent period when peer relations become increasingly important (Koasa et al., 2017).

Bullying victimisation is a widespread problem that is commonly defined as when "a student is being bullied or victimized when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other students." (Olweus, 1993 p. 9) The core element of victimisation is that there is a clear power imbalance which favours the perpetrator via the repetition of negative harmful behaviour (Matuschka, 2021). Bullying is social in nature and can take place in a range of forms such as negative unprovoked actions, rejection and malicious harmful acts by perpetrators which can lead to severe psychological distress in victims (Wolke, 2015). Among the various types of bullying settings, the most

common location where it occurs is in schools, whereby younger adolescents are more likely to experience victimisation than their older peers (Chouhy et al., 2017). In comparison to unaffected adolescents, victimized children experience higher levels of internalised difficulties, reporting lower self-esteem and more loneliness, as well as an increase in withdrawal and isolation (Mei, 2021). To illustrate, Storch and colleagues concluded that adolescents aged between 13 and 17 who had experienced indirect or direct bullying, had higher levels of social anxiety in comparison to students had not been victimised (Storch et al., 2005). Futhermore, the severity of internalised behaviours in adolescents has been shown to be related to the severity of bullying victimisation (Didden et al., 2009).

A sizeable body of research has discovered gender differences in the experience of different bullying types. Although most young people experience covert bullying during childhood, such as verbal abuse and teasing, it can lead to more advanced forms if an individual experiences it for an extensive period of time (Swearer & Hymel, 2015) . There are several different kinds of bullying defined in the literature which includes behaviours ranging from name calling, teasing and social exclusion to more overt forms of bullying such as hitting, fighting, pushing, and kicking (Shetgiri, 2013). These behaviours have been consistently labelled under three main headings in the literature: verbal, relational and physical bullying (Moore et al., 2017; Reuger & Jenkins, 2013). Furthermore, current literature illustrates that the experience of bullying varies by gender, where boys are more likely to report physical forms (hitting, shoving, kicking), and girls are more likely to report higher levels of social and relational bullying (social exclusion, rumour spreading, name-calling) (Rezapour et al., 2019). A recent study conducted by Ford and colleagues (2017), found that males experienced physical bullying more than females (79.2% vs 20.8%) whereas females reported being victimised more by verbal and relational type bullying

(67.1% vs 32.9%). Research suggests this may be due to the strong emphasis female adolescents have on social relationships which has been shown to contribute to greater concerns over social approval and status (Pickering et al., 2019). In turn, this type of victimisation has been found to cause greater internalisation of problems for females when friendships are perceived to be in jeopardy (Rose and Rudolph, 2006).

Bullied victims are commonly identified as individuals who experience higher levels of psychological symptoms than unffected peers. Victimisation has been found to increase social anxiety levels, depressive symptoms and consequently make young people feel isolated from their peers (Armitage, 2021). According to cognitive behavioural models of depression, the presence of negative life events, such as bullying in addition to an individuals reaction to such situations may impact the development and occurance of depressive symptoms (Pabian & Vandebosch, 2015). Many studies have explored the relationship between adverse mental health and psychosocial problems associated with victimisation finding that the most commonly reported mental health symptoms in victimised youth are depression, anxiety, self-harm and suicidal behaviour (Moore et al., 2017). A meta-analytic study conducted by Ttofi and colleagues (2011) on victimisation and internalising behaviours found that those who were bullied at school were twice as likely to develop depression compared to those who were not bullied. Further, another meta-analysis revealed that victimised adolescents were more likely to experience psychosomatic symptoms and increased levels of internalising problems (Gini & Pozzoli, 2009). However, not all individuals who have been bullied develop internalising problems (Newman, Holden & Delville, 2005). The transactional model of stress (TMS) (Lazarus & Folkman, 1984) suggests theoretical justification for individual differences in the relationship between victimisation and negative consequences (Noret et al., 2018).

The transactional model of stress suggests that responses to a particular stressor are the product of primary and secondary cognitive appraisal and the coping strategy implemented (Georgiou & Fanti, 2010). Primary appraisal is the cognitive ability to appraise whether an event is stressful and potentially harmful to an individual or not, whereas secondary appraisal reflects a person's judgment of available resources to cope with any given stressor (Davidson & Demaray, 2007). Social support and seeking help from close friends and support systems are secondary forms of appraisal that have been found to play an important role in adolescents' lives and have been found to have positive effects on personal developmental outcomes and well-being (Ringdal et al., 2020; Jadambaa et al., 2020). Children who maintain more positive relationships with their parents and peers tend to develop better emotionally and psychologically than children who lack supportive emotional connections. (Ledwell & King, 2015). In addition, emotional support has been found to be negatively correlated with internalised symptoms such as anxiety, depression, and withdrawal (Ledwell & King, 2015). This relationship can be justified by the stress buffering hypothesis, (Cohen and Wills, 1985), which states that an increase in social support can mitigate the relationsip between a stressor and negative circumstances. Cohen and Willis (1985) proposed that the relationship between these variables will be weaker for individuals with higher amounts of social support, as it can reduce perceived threat and provide individuals with support in coping with any given stressor. In addition, the friendship protection hypothesis (Boulton, 1999), states that high-quality friendships and relationships can reduce victimisation because such support can increase coping strategies and reduce vulnerability to victimisation (Kendrick et al., 2012).

Research suggests that seeking help is an important factor in dealing with victimised adolescents, as it generally improves the situation by preventing the continuation of bullying

(Smith et al., 2004). Obtaining this kind of emotional support has also been found to be beneficial to the victim, providing a source of comfort, whether it is helpful in practice or not. Smith and Shu (2001) found that although reporting bullying to someone they can trust is the most effective strategy for seeking help to reduce victimisation, it is also a strategy that can often make the situation worse (Smith & Shu, 2001). However, additional studies on the effect of help-seeking behaviour demonstrate that children may choose to not seek help due to them believing it will be ineffective or may also be intimidated to take action. Research on help seeking behaviours among adolescents remains unclear as to whether social support systems can moderate the association between bullying and internalising behaviours (Noret, 2020). For this reason, the present study will help to determine possible reasons as to why children may or may not choose to not seek help both at home and at school.

The present study will focus on children aged 16 to 17 by applying a cross-sectional research design with the use of data from the Longitudinal Study of Australian Children (LSAC) (Mohal et al., 2021). The fundamental aim of the current study is to examine whether bullying victimisation is correlated with levels of internalising behaviours and depressive symptoms in Australian children. It is hypothesised that bullying victimisation will be correlated with depressive and internalising symptoms due to the emotional toll that bullying can have on an individual's self-esteem. The second aim will extend on previous research by investigating the relationships between verbal, relational and physical bullying whilst considering gender differences. It is hypothesised, that females will be more victimised by verbal and relational type bullying and males will be more victimised by physical bullying based upon past research findings. Finally, the third aim of the study will investigate whether perceived help seeking behaviour can moderate the relationship

between bullying victimisation and mental health symptoms. It is hypothesised that help seeking will serve as a protective barrier against a victim's levels of mental health symptoms. Further, the present study will seek to examine the reasons in which people may or may not choose to seek help, which will add to the current literature by assisting with understanding the bullying paradigm. Moreover, vast literature in the field of bullying victimisation tends to find that younger age groups are more victimised than older adolescence, however it remains unclear whether this is the case. For this reason, the current study will examine older children aged 16 to 17 to provide more scope into the susceptibility of victimisation in older age groups.

Method

Data Source

Participants were drawn from Growing up in Australia: The Longitudinal Study of Australian Children (LSAC) - a nationally representative study (Mohal et al., 2021). Data collection began in 2004 with two cohorts: Cohort B, consisting of 5,107 children aged between 3 and 19 months and Cohort K, consisting of 4,983 children aged between 4 years 3 months and 5 years 7 months with the study being repeated every 2 years.

This study is focused specifically on the kindergarten (K) Cohort collected in Wave 7, in 2016 when the respondents were 16-17 years of age *(N=3,089).* Data collection procedures contained self-reported questionnaires and face to face interviews which were carried out by a trained researcher. Further, this study is cross-sectional and examines data collected from the study child. The LSAC has ethical approval by the Australian Institute of Family Studies Committee (AIFS, 2015). Informed consent was acquired by both caregivers and children for Wave 7 respondents.

Measures

Bullying

To measure bullying, participants in Wave 7 were asked 18 questions regarding their experiences of bullying, 9 of which specifically relating to victimisation. The items were curated and modified to suit the Australian context from the School Climate Bullying Scale (SCBS) (Cornell & Sheras 2003). The questions on bullying first asked about the child's experiences over the past year and then focused on the last month. The questions from the respondent's experience in the last month on bullying victimisation only were included which were answered after adolescents responded yes to experiencing bullying. Both yes and no responses were taken into consideration for the purpose of victimisation

prevalence. The response options were scored on a 3-point Likert scale: 1 (once or twice), 2 (about once a week), 3(several times a week). Respondents were asked to provide a rating of how often they felt victimised in the past month in ways such as "someone hit or kicked me on purpose", "threatened to hurt me" and "spread rumours about me behind my back". A higher total score indicated that the participant had experienced a higher frequency of bullying in the past month. The Cronbach's α coefficient for the SCBS was 0.77 which demonstrates good internal consistency.

A new categorical variable construct was created to classify bullying type into three categories as commonly defined in the literature (Cornell, 2011). Bullying type was classified by dividing the items in the questionnaire into verbal bullying (threatening the victim, saying mean things), relational bullying (excluding the victim, spreading rumours about the victim, keeping others from being friends with the victim), and physical bullying (hitting, kicking, grabbing, or shoving the victim).

Gender

The study child's gender was defined as either Male or Female by the child's primary caregiver.

Help Seeking Behaviour. A construct of perceived social support was developed as a way to measure help seeking behaviour amongst Australian adolescence. The questions shared similarities with different measures of perceived social support within the literature. However, participants were asked whether they would or would not seek help from a variety of options rather than being asked about whether they had sought help from a problem they had experienced. Respondents were provided with 14 possible sources of support and were asked about the likelihood of them seeking help from a range of people and services (e.g., mum, dad, teacher) within the next month from when they answered the

question. The questions were measured on a Likert scale: 1 (definitely would), 2 (probably would, 3 (50/50 chance), 4 (probably wouldn't), 5 (definitely wouldn't). The data was reverse coded to ensure that the higher the rating, the more likely the child would be to seek help. Missing values were excluded from the data if any given respondent chose not to answer a question due to it not being applicable.

Internalising Problematic Behaviours (IPB). Internalising Behaviours was measured using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001). The SDQ has been found to have good discriminant and convergent validity and good internal consistency ($\alpha = 0.63 – 0.85$). The Strengths and Difficulties Questionnaire is a 25-item questionnaire that measures five realms: emotional symptoms, peer problems, hyperactivity-inattention, prosocial behaviour, and conduct disorder (Goodman, 2010). The present study focused specifically on the emotional and peer subscales and combined the two to form an 'internalising behaviours' measure. There has been consistent theoretical and empirical support in the literature in combining these scales to produce an internalising score which is representative of a child's mental health with respect to clinical disorder (Goodman, 2010). Adolescents answered questions regarding their worries and anxieties and how well they believe they get along with other children on a Likert scale: 0 (not true), 1 (somewhat true) and 2 (certainly true). The items were summed to produce a mean score ranging from 0 to 19, with higher scores indicating higher levels of internalising behaviours.

Depression (MFQ). Depressive symptoms were measured using the Short Mood and Feelings Questionnaire (MFQ) (Angold & Costello, 1987). The measure consists of a series of 33 phrases which asked the study child how they had been feeling recently. It is commonly used as a mechanism for assessing depressive symptoms in children aged 6 to 19 years old.

The scale reported a Cronbach's alpha of $\alpha = 0.91$), demonstrating excellent internal consistency (Thabrew et al., 2018). Respondents answered questions such as whether they felt "miserable or unhappy", "restless" or "hated themselves'' on a Likert scale: 0 (not true), 1 (sometimes true), and 2 (true). Items were summed together to produce a mean score ranging from 0-26, with higher scores indicating higher depressive symptoms.

Results

All analyses were conducted in RStudio version 1.4.1103.

Descriptive Analysis

Table 1 displays the descriptive statistics and total scores of all measures included in the present study. The total sample consisted of 3,089 participants aged between 16 to 17 years old and was almost equally split in terms of gender consisting of 1,576 males and 1,513 females.

Table 1

Descriptive Statistics

	N	Mean	Med	SD	Min	Max
Internalising Behaviours	2,946	5.35	5	3.6	0	19
Mood and Feelings	2,927	7.52	5	7.64	0	26
Help Seeking	2,888	35.24	34	10.61	14	70
Bullying Victimisation Total	3,089	2.08	1	2.48	1	24
Physical Bullying	3,089	0.18	0	0.69	0	6
Verbal Bullying	3,089	0.33	0	0.86	0	6
Relational Bullying	3,089	1.62	1	1.75	1	16

Prevalence of Bullying

Results of the prevalence of bullying by type are shown below (Table 2). Approximately 28% of participants reported having levels of internalising behaviours in the last month and 29% reported having depressive symptoms. Approximately half of participants reported that they would seek help from social support systems if they had a problem within the next 12 months. In regard to the prevalence of victimisation, the responses indicated that 28.7% of the children had experienced bullying in the month prior

to the data collection. 13.15% of adolescence reported being physically bullied, 23.4% reported being verbally victimised and 12.75% reported being victimised by relational type bullying. Table 2, exhibits the percentages of bullying victimisation in each category, stratified by gender. Results display that males were most like to experience physical bullying, whereas females were most likely to experience relational and verbal type bullying.

Table 2

Group Comparisons of Bullying Victimisation

	Male		Female	
	N	%	N	%
Physical Bullying	957	18.4	941	9.4
Verbal Bullying	957	7.8	941	15.3
Relational Bullying	957	15.4	941	15.3

Correlation Analyses

A Pearson's correlation analysis was conducted to measure linear associations between the variables of interest. The correlations between the bullying types, internalising behaviours, depressive symptoms, and gender are shown in Table 3. Results exhibit that the correlation between internalising behaviours and bullying victimisation were statistically significant and moderate, indicating that bullying victimisation was a significant predictor of internalising behaviours (SDQ). Furthermore, the correlation between depressive symptoms and bullying (MFQ), also yielded a significant moderate result, indicating that victimisation is also a significant predictor of depressive symptoms in the population. Of the three categorised types of bullying, relational type bullying was most correlated with levels of internalising behaviours and depression, demonstrating a moderate significant association.

Help seeking behaviour was very weakly correlated with levels of internalising behaviours and depressive symptoms amongst adolescents, indicating that individuals who considered seeking help were less likely to develop internalised and depressive symptoms, however this relationship was not significant.

Table 3

Correlation Matrix Between Gender, Internalising Behaviours, Depressive Symptoms, Help Seeking, All Types of Bullying Victimisation

	1	2	3	4	5	6	7	8
1 Gender	-							
2 SDQ	.25*	-						
3 MFQ	.14*	.46*	-					
4 Help Seeking	.06	-.08	-.04	-				
5 Bullying Victimisation	.01	.27*	.23*	0	-			
6 Physical Bullying	-.17*	.08*	.07*	-.08	.59*	-		
7 Verbal Bullying	-.04	.25*	.18*	-.02	.80*	.57*	-	
8 Relational Bullying	.11*	.26*	.23*	.02	.86*	.18*	.47*	-

*Note: * p < .05; IPB = Strengths and Difficulties Questionnaire; MFQ = Mood and Feelings Questionnaire*

Regression Analyses. To explore whether there are gender differences in the effect of bullying type on levels of internalising behaviours and depressive symptoms, two multi-variate linear regression analyses were conducted (Table 4 and 5). Results exhibited the proportion of explained variance attributable to each predictor variable. Results show that being a female is associated with an increase in internalised and depressive symptoms (relative to males). Further, in order to determine the extent in which each of the variables

was making an independent contribution to the predictor a relative importance regression was employed. To examine this, Lindeman, Meranda and Gold's (1980) approach was implemented using the relaimpo function in RStudio. Relative importance indicated the proportion of explained variance attributable to each factor. The results demonstrated that 14.6% of variance in internalising behaviours can be accounted for by gender, physical, verbal, and relational type bullying and that 8% of the variance in depressive symptoms can be accounted for by the predictor variables. The results of the analyses show that internalising behaviours made a significant contribution to the regression predictions, apart from physical bullying, which yielded a non-significant result in both models. The relative importance analyses demonstrate that the explained variance for internalising behaviours was accounted for mostly by gender (41%), followed by verbal bullying (28%) and relational bullying (27%). Additionally, explained variance for depressive symptoms was accounted for mostly by relational bullying (48%), followed by verbal bullying (24%) and gender (24%). These results suggest that the null hypothesis can be rejected.

Table 4

Multiple Regression Exploring Bullying Type and Gender on Internalising Behaviours

Model

F[4, 2941] = 126.1, p <.001

R^2 = 0.146

	Estimate	P-Value	RI
Intercept	3.76	< .001	
Physical Bullying	-0.09	0.752	0.03
Verbal Bullying	0.83	< .001	0.28
Relational Bullying	0.83	< .001	0.27
Gender	1.7	< .001	0.41

Table 5

Multiple Regression Exploring Bullying Type and Gender on Depressive Symptoms

Model

F[4, 2,922] = 63.65, p <.001

R^2 = 0.08

	Estimate	P-Value	RI
Intercept	5.02	<.001	
Physical Bullying	0.02	<.893	0.03
Verbal Bullying	0.91	<.001	0.24
Relational Bullying	0.73	<.001	0.48
Gender	1.9	<.001	0.24

Moderation Analysis. To explore whether help seeking behaviour moderated the association between bullying and internalising behaviours in children two separate moderation analyses were conducted. Both analyses found (Table 6) that the relationship was not significant. This exhibits that the likelihood of a child seeking help from peers and family members did not affect the strength in the direction of the relationship between bullying and both mental health symptoms. The significant p-value of both of the overall models, however, does indicate that the models themselves were significant. The R^2 value of the model that analysed internalising behaviours explains that 8% of variance in internalising symptoms can be explained by bullying victimisation and help seeking and 6% of the variance in depression can be explained by victimisation and help seeking. While bullying victimisation and help seeking were significant in both models and predicted variance in internalising behaviours, when assessing the product term of both models there was no significant relationship found, indicating that no moderation had occurred. Therefore, the null hypothesis is supported.

Table 6

Moderation Analysis Examining Whether Perceived Help Seeking Behaviour Moderates the Association Between Bullying Victimisation and Internalising Behaviours

Model

F[3, 2881] = 83.87, *p*= < .001

R^2 = 0.08

	Estimate	T-value	P-value
Intercept	5.75	19.73	< .001
Bullying Victimisation	0.27	3.1	<. 001
Help Seeking	-0.03	-4.38	<.001
Victimisation:Help seeking	0.003	1.32	.366

Table 7

Moderation Analysis Examining Whether Help Seeking Behaviour Moderates the Association Between Bullying Victimisation and Internalising Behaviours

Model

F[3, 2880] = 57.73, *p*= < .001

R^2 = 0.06

	Estimate	T-value	P-value
Intercept	7.95	13.89	< .001
Bullying Victimisation	0.88	3.94	<.001
Help Seeking	-0.03	-2.19	<.005
Victimisation:Help seeking	-0.02	-0.55	0.58

Discussion

The overarching aim of the current study was to explore the association between bullying victimisation and psychological problems among Australian adolescents. Results exhibited that being bullied was significantly correlated with both internalising behaviours and depressive symptoms among 16- to 17-year-old children. Gender stratified analyses showed that these findings were consistent for both males and females where the association was found to be stronger for adolescent girls than for boys. The prevalence rate of the current study found similarities in the population to other previous studies reporting between 20-35% of bullied victims expressing internalised and depressive symptoms (Mei et al., 2021; Bayer at al., 2018; Wolke & Leraya, 2015). Given that just over one-quarter of participants in the study reported victimisation of bullying in the last month, the association of bullying with internalising and depressive symptoms is highly alarming.

Current results are congruent with past research which has established a significant association between bullying and psychological symptoms (Liu, 2011; Ford et al., 2017). This relationship has been found to be consistent in past research which has found that both older and younger age groups and both males and females experience this effect. Prior research has also demonstrated that victims of bullying are more likely to report loneliness and social difficulties. For example, research conducted by Moore and colleagues (2017) found that those exposed to bullying victimisation were approximately twice as likely to report loneliness, lower self-esteem, and poorer life satisfaction (Moore et al., 2017). Similarly, a recent study by Bayer and associates (2018) on school aged Australian children highlighted that almost one in three children report experiencing victimisation of bullying on a weekly or daily basis. They also found that those who were frequently bullied had higher symptoms of internalising problems, which were confirmed by parent reports. The

Australian findings support Williams et al., (1996) study on English children which found that 24% of adolescents were frequently bullied. However, prior research highlights higher rates of bullying amongst younger adolescents with the frequency of bullying decreasing into later adolescence (Cross et al., 2011). The current study adds to existing literature finding that bullying victimisation is still prevalent in older age groups, with the prevalence rate of 28% among 16-to-17-year old's. The results found within the current study corroborate this concern with victims of bullying reporting higher levels of depressive and internalised symptoms which can lead to ongoing problems in adulthood if continuation of bullying persists.

Gender Differences in the Effect of Bullying Victimisation on Internalising Behaviours and Depressive Symptoms

The second aim explored whether there were gender differences in the effect of bullying type and levels of internalising and depressive symptoms among adolescents. The type of bullying experienced by respondents was also consistent with bullying reports from adolescents in previous studies. Verbal bullying was the most common form of bullying followed by relational and physical type bullying. When results were stratified by gender, relational and verbal bullying (e.g., insulting someone, spreading rumours, social exclusion) were found to be more common amongst adolescent females and physical bullying (e.g., hitting, punching fighting) was more common amongst males.

Consistent with prior research, studies consistently find that experiencing verbal, relational and physical bullying all increase an individuals risk of depressive symptoms and internalising behaviours (Armitage et al.,, 2021; Blomqvist et al., 2019). Current research partly reflects results from other Australian and international studies (Ostrov & Perry, 2020;

Rezapour et al., 2019). According to past research, boys more often report physical bullying types (Lansford et al., 2012). Girls, however, often report more covert-verbal type bullying (French, Jansen & Piada, 2002). Boys and girls often report similar amounts of relational type bullying or girls report higher amounts of relational bullying (Tomada & Schnieder, 1997; Wang, 2009). Such gender differences can be accounted for in the differing ways that boys and girls socialise and communicate with one another. Overt-aggressive types of behaviour seem to be more prevalent in the ways that boys tend to interact with their peers, concerning their dominance and the hierarchical manner of their friendship's groups (Schiethauer et al., 2006). Conversely girls tend to interact in a more socially aggressive manner in the context of their psychosocial development within their same-sex peer groups. To exhibit, a study conducted by Rose & Rudolph (2006) found that in many instances, such officials often find it hard to intervene this indirect type of bullying and mistake it as "girls being girls". Due to teachers and parents often being unaware of this overt form of bullying occurring within school settings, there is a strong need for staff to be observant and well informed to reduce prevalence of victimisation.

The Moderating Effect of Perceived Help Seeking Behaviour

The final aim was to examine whether perceived help seeking moderated the association between bullying and internalising behaviours. It was hypothesised that perceived social support would serve as a protective barrier for adolescents who were bullied. This hypothesis was not supported as results discovered that it did not moderate the relationship between victimisation and internalising symptoms. Further, a second moderation was conducted to assess whether perceived help seeking moderated the association between bullying and depressive symptoms. This analysis also exhibited that this

was not the case, thus the hypothesis was also not supported. These results were the opposite of what was expected as perceived help seeking was presumed to be a strong protective factor of internalising and depressive symptoms (Cohen & Willis, 1985). It was expected that individuals who had higher levels of perceived social support and could speak about their problems with close friends and family members, would decrease levels of internalising and depressive symptoms (Davidson & Demaray, 2007). Contrary to what was expected, results exhibited that help seeking has a small negative effect on internalising behaviours and depressive symptoms, suggesting that as perceived help seeking increased, the likelihood of psychological symptoms decreased, but the result was not significant.

Findings in the present study were found to be inconsistent with prior research on help seeking between bullying victimisation and internalising and depressive symptoms. A study conducted by Davidson & Demaray (2007) found that social support served a buffering role between victimisation and internalising behaviours. However other studies have found it to not moderate the association (Noret, 2020; Rigby, 2000). A possible explanation for their findings could be due to the idea that students who are victims of bullying, do not find it beneficial to seek help from support systems because of the isolation they have from other peers who are bullying them or others who are neutral bystanders. For this reason, students may find it hard to seek help from friends and family members due to feeling judged by them or the possibility of the perpetrator finding out and believing that seeking help may make the situation worse. These findings were contradictory to the stress buffering hypothesis (Cohen & Willis, 1985) which states that social support could lower perceived threat and provide support from a stressor such as bullying. Reasons for this may be due to the fact that the help seeking measure was only measured as perceived help seeking and it may have not accurately reflected an individual's social support. Overall, cross

sectional studies have stipulated mixed evidence for this theory, finding that it only holds for specific adolescent behaviours, specific sources of support and high levels of stress (Kendrick et al., 2012; Hunter et al., 2004).

Limitations & Future Directions. The findings of the current study contribute to a multifaceted body of research examining the association between bullying victimisation and internalising problems in Australian adolescents. A strength of the present study is that it examined gender differences whilst also taking into account the role of perceived help seeking in a large representative study of 16-to-17-year old's. This approach allowed us to identify somewhat consistent relationships between bullying victimisation and mental health outcomes which provided scope to the study's findings and current literature.

This study also has several notable limitations. Due to the cross-sectional nature of the study, it is challenging to determine causality. Unlike other types of observational and longitudinal studies, it did not allow the opportunity to follow up individuals over time to assess whether the associations continue into adulthood. Such longitudinal research would enable us to observe any possible bidirectional associations between victimisation, mental health symptoms and social support over time. Additionally, the LSAC does not provide an accurate measure for identifying help seeking behaviours. Due to the questions being asked about perceived help seeking within the next month from when they answered, it remains unclear as to whether participants would actually seek help in a time of need. Future studies could implement the use of questions asking about whether a person has actually sought help to infer more accurate results. Further, participants answered questions with self-report questionnaires which may be affected by response-bias and social desirability. Future studies could consider the use of peer and teacher reports to add to the self-reported data and reduce the likelihood of response bias.

Implications for Practice. The results of the present study have important consequences when assisting peers who are victims of bullying in schools. When designing preventative programs, the results of the current study demonstrate the need for implementation of anti-bullying measures. Without the stress of bullying not only do attendance levels increase, but students also become more confident and engaged in their learning (Samara et al., 2021). Encouraging support for victims of bullying needs to better discussed within school settings to allow for better interventions to be implemented. Forthcoming interventions could contemplate working with teachers and professionals to raise awareness about ways that can better assist individuals who experience bullying.

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